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DIRECTIONS TO BEGIN THE DECADE OF THE 90's

Strategic Directions Task Force

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AMERICAN CANCER SOCIETY®
MICHIGAN DIVISION, INC.

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MISSION STATEMENT

The American Cancer Society is the nationwide voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives from cancer, and diminishing suffering from cancer through research, education and service.

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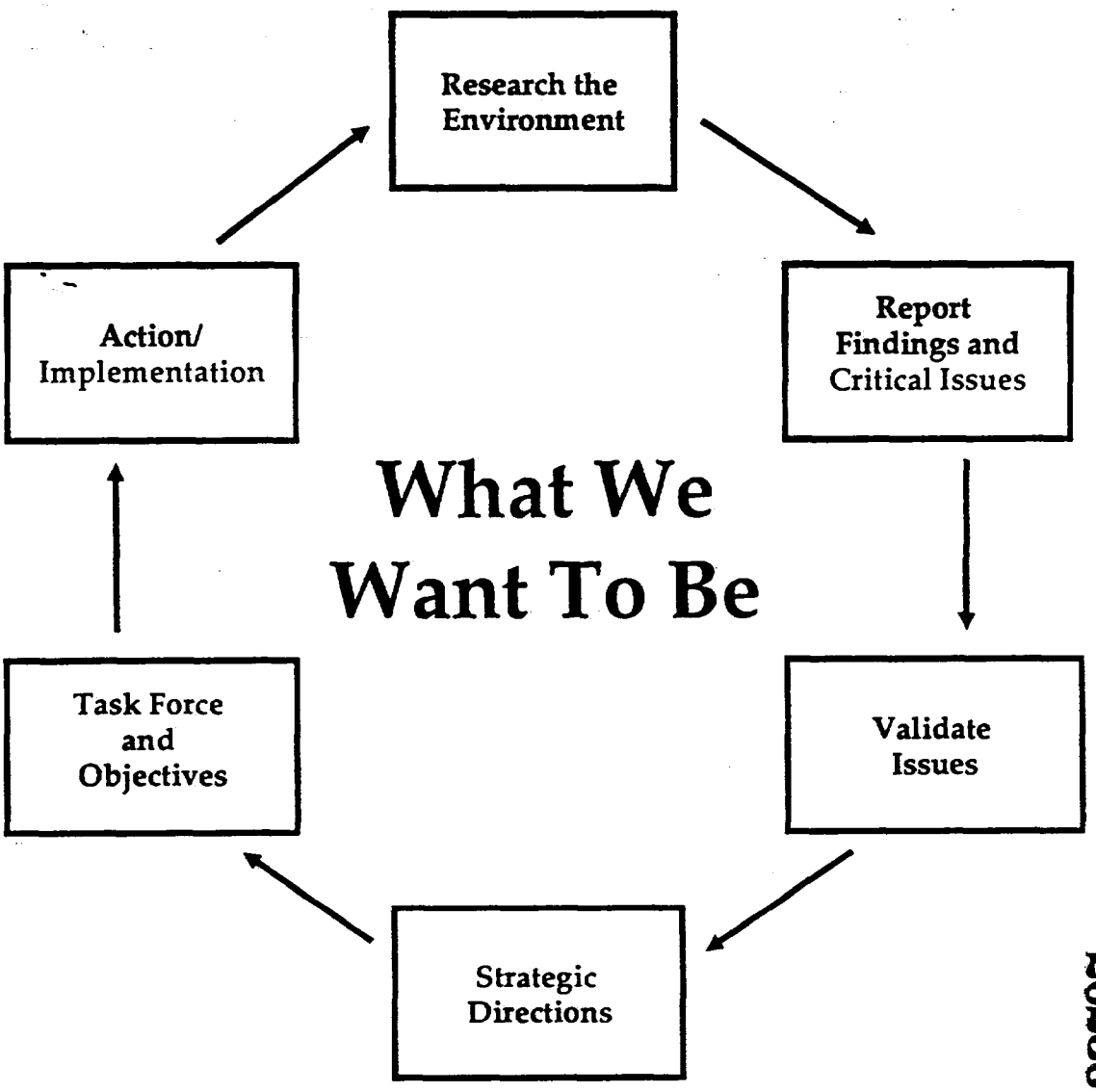
Strategic Directions
A *Commitment* To *Progress*



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Beginning The 90's

. . . Directions

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DIRECTIONS TO BEGIN THE DECADE OF THE 1990's

The Strategic Directions Task Force

I. Introduction

The Reason
The Process

II. Challenging Issues

III. Strategic Directions

IV. Other Considerations

V. Where Do We Go From Here?

VI. A Call To Action

VII. Appendix

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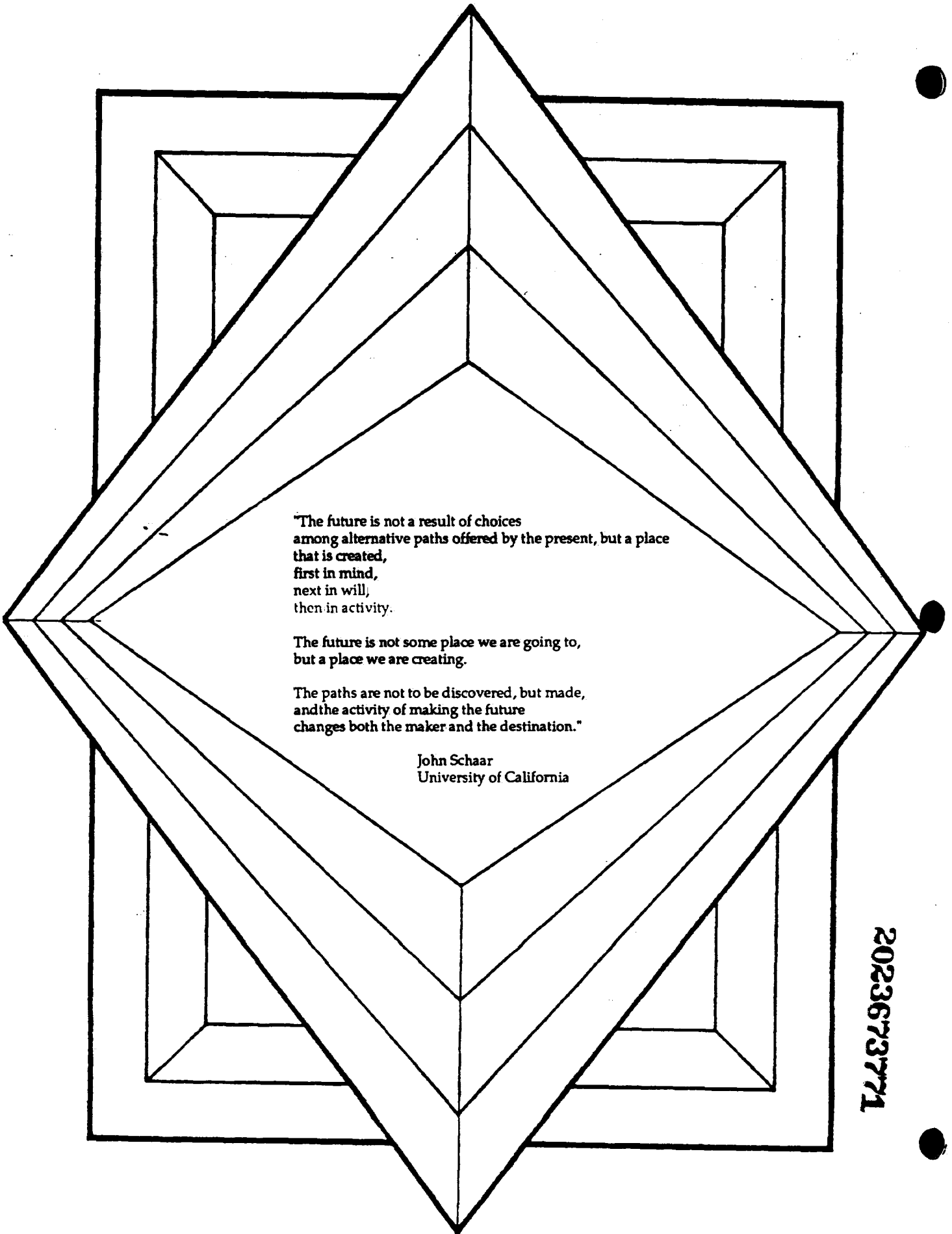

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Source: https://www.industrydocuments.ucsf.edu/docs/nnjl0000

Report of the Strategic Directions Task Force
AMERICAN CANCER SOCIETY
Michigan Division, Inc.

STRATEGIC DIRECTIONS PURPOSE

The Michigan Division's current organizational structure has not undergone a radical change since it was incorporated in 1946. Although the Division has been successful through the years, the rate of growth in program and fund raising activities has not kept pace with the demands upon the Society. To maintain a course of excellence, volunteer leadership has identified the need to develop a coordinated plan of action to guide the direction of the Division as we begin the 1990's.

The usefulness of this plan depends on identification of the strategic issues the Michigan Division should address for the future and a willingness to develop proactive strategies. Success lies in the commitment of volunteers and staff to examining the value of operating in the same manner as in the past: to retain activities that are productive; and to change activities which no longer meet the needs of the people of Michigan.

When the membership of the Michigan Division is involved in realistic planning for the future, the ability for orderly growth is enhanced. This Division therefore, commits its resources to this purpose.

The Beginning

Our Division began its search for Strategic Directions with the most comprehensive study of our current activities ever undertaken.

- ✧ Unit Presidents
- ✧ Unit board members (both medical and lay),
- ✧ staff, and
- ✧ the public

were involved. This provided a base of information from our most important constituents. A core committee of American Cancer Society volunteers was appointed to provide objective direction throughout the process. A larger group of volunteers and staff from throughout the Division were asked to review our

- ✧ mission,
- ✧ internal environment,
- ✧ external environment,
- ✧ strengths,
- ✧ weaknesses,
- ✧ threats, and
- ✧ opportunities

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in light of our National organization's recent strategic plan and the unique circumstances in Michigan. These two groups together considered

- the Division's performance in fund raising;
- the survey of our Unit officer, committee chairs, and staff;
- the results of personal interviews with Unit volunteers and staff;
- Michigan's social, demographic and economic trends;
- cancer incidence and mortality in Michigan; and
- other cancer groups.

This led to the definition of challenging issues and the selection of our Strategic Directions.

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CHALLENGING ISSUES

These issues provide both challenges and opportunities to our organization and must be addressed in our future plans. The Strategic Directions Task Force identified several issues that challenge our organization.

Focus of Activities:	To understand that we cannot be all things to all people while at the same time carrying out [illegible] that mean the most to those [illegible] as the leader in cancer control.
Identity:	While the American Cancer Society is by far the most widely known cancer organization by name, the public lacks knowledge of our community presence and activities.
Income:	Current levels of income growth are inadequate to support future programs of Research, Education, and Service.
Advocacy:	Understanding that the legislative process opens new opportunities for the American Cancer Society to support cancer patients and their families.

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STRATEGIC DIRECTIONS
to begin the 1990's

1. To improve cancer prevention and detection through achievement of the following:

   A. Reducing tobacco use,

   B. Creating an environment encouraging more people to follow the American Cancer Society recommendations for early detection with specific emphasis currently on cancer of the breast and cervix, and

   C. Modifying dietary habits of the public in accordance with the nutritional recommendations of the American Cancer Society.

2. To become an effective grassroots political organization advocating cancer prevention and to provide support for cancer patients and their families.

3. To implement an aggressive marketing plan which effectively communicates the mission of the American Cancer Society and expands our fund raising potential.

4. To define the meaning of services and evaluate current and potential services in the context of those definitions, and recommend services to be provided.

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STRATEGIC DIRECTION #1

. . . improve cancer prevention and detection through achievement of the following:

- ✧ reducing tobacco use.
- ✧ creating an environment encouraging people to follow the American Cancer Society recommendations for early detection with specific emphasis currently on cancers of the breat and cervix.
- ✧ modify dietary habits of the public in accordance with the nutritional recommendations of the American Cancer Society.

Ultimately RESEARCH will win the war on cancer. Although we need to support the American Cancer Society research programs more than ever before, prevention, risk reduction, and early detection programs can reduce cancer incidence in the near term. We need to effect changes in diet and lifestyle. Dramatic decreases in mortality have occurred with specific cancers. However, the big killers, lung cancer and breast cancer, continue to increase. Today Americans are 15 percent more likely to develop cancer than they were in 1973 and 5 percent more likely to die of the disease. Lung, bladder, oral, and pharyngeal cancer are epidemiologically related to tobacco use. The above emphasis on breast and cervical cancer reflects the proven success of known early detection tests in an environment of increasing incidence.

Research has shown the preventative effects of other lifestyle habits including eating fruits, vegetables, high fiber foods, Vitamins A and C, regular exercise, and avoiding obesity and the ingestion of smoked, salt and nitrite-cured meats and fat. Many common cancers in Michigan, (lung, breast, colon, bladder, oral cavity, stomach, cervix, prostate, and larynx) can be diminished by (1) no tobacco and (2) good nutrition. Obviously, the above three directions will take continued education, both personally and legislatively, including the medical community. Coincidentally, the National American Cancer Society has chosen tobacco and nutrition as major strategic initiatives for the 1990's.

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(References: National Cancer Institute and Dr. Marie Swanson's report. Also, "Nutrition and Cancer", D.W. Nixon, MD, Ca-A Cancer Journal for Clinicians, Vol. 40, No.2, March/April 1990.)

Source: https://www.industrydocuments.ucsf.edu/docs/nnjl0000

STRATEGIC DIRECTION #2

... become an effective grassroots political organization advocating cancer prevention and to provide support for cancer patients and their families.

We feel this is a very important arena. Many issues of cancer health care will be solved only by participating in the inevitable legislative battles. Legislative initiatives on our part will help us to address problems of the socioeconomically disadvantaged, identify means of access to health care, challenge limitations of insurance benefits and encourage cooperation with other health agencies.

References: Group discussion of Unit volunteers and staff, October 12, 1989 meeting; Dr. Daniel Williams' survey of Division staff and volunteers, 1990.)

STRATEGIC DIRECTION #3

... implement an aggressive marketing plan which effectively communicates the mission of the American Cancer Society and expands our fund raising potential.

The committee recommends using our strong Michigan American Cancer Society researchers as an integral part of the marketing plan. The survey of American Cancer Society volunteers and staff indicated that a majority view us as a research oriented organization. We must market our organizational image like a competitive business to remain the leader in cancer control. A strong marketing plan will influence every aspect of the organization and ultimately the Division's ability to raise the dollars to continue to be a strong influence in the prevention of cancer in the state of Michigan.

We are competing intensely with numerous other charitable organizations for limited dollars. We must clarify our image to the public and choose where we can best raise money. We have not approached businesses with mutually beneficial plans. Businesses and foundations can provide a major source of funds. The Division can assist the Units who are bound by county border limitations. Special events are important, but they often are staff intensive with modest results. We are too dependent upon repeated events which drain the energies of staff and sponsors.

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References: Group discussion of Unit volunteers and staff, October 12, 1989, meeting; Dr. Daniel Williams' survey of Division staff and volunteers, 1990; Arthur Andersen & Co. report of the Michigan Division, Inc., 1989.)

Source: https://www.industrydocuments.ucsf.edu/docs/nnjl0000

STRATEGIC DIRECTION #4

... define the meaning of patient services and evaluate current and potential services in the context of the definitions, and recommend services to be provided.

Do we fulfill our mission statement as a service organization? If the Division says we serve and we do not, then we undermine our credibility, and ultimately our total mission. The growth in direct patient services by other organizations leads us to question our current service program. Direct and indirect services need definition, evaluation, and quality control procedures. This subject is beyond our scope at this time. After evaluation, the service part of our mission may need to be restated.

OTHER CONSIDERATIONS

On carrying out these strategic directions, the Strategic Directions Task Force encourages the Michigan Division to consider the following:

A. The use of modern technology and communication tools.
B. A revised organizational structure which is more task and goal oriented.
C. Increased training of staff and volunteers.
D. More collaboration with other health organizations, including the two federally designated comprehensive cancer centers in Michigan.
E. Effective program evaluation.

• • • •

WHERE DO WE GO FROM HERE?

A task force should be assigned to each strategic direction to develop:

1. Action plans to include
   a. objectives or goals
   b. time lines

2. Objective measurements of
   a. success
   b. failure

3. Annual re-evaluation of each strategic direction

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A CALL TO ACTION

Strategic Directions have given us direction and focus.

The Strategic Directions Task Force has identified key issues and priorities for the American Cancer Society, Michigan Division, Inc. Underlying it is a desire to save lives and reduce the suffering cancer causes. The strategic directions have given us a focus. They have clearly identified how our organization is to begin the decade ahead. Now is the time for the most important work of making our directions a reality in Michigan.

STRATEGIC DIRECTIONS CORE COMMITTEE

Lawrence J. Manning, D.D.S., M.S. Chair	Oral and Maxillofacial Surgeon
Laurence H. Baker, D.O.	Director, Meyer L. Prentis Comprehensive Cancer Center of Metropolitan Detroit
Ronald B. Borngesser, B.A.	Personnel Manager Oakland/Livingston Human Service Agency
Joe C. Foster, Jr.	Attorney
Larry T. Miller, B.S., M.Ed.	Vice President Programs and Administration American Cancer Society
G. Marie Swanson, Ph.D., M.P.H.	Director, Comprehensive Breast Cancer Center Professor of Medicine Michigan State University
James Werts, C.P.A.	Tax Partner-in-Charge Seidman & Seidman
Daniel Williams, M.D.	Associate Professor & Medical Director Breslin Cancer Center
James R. Sebastian, Jr., A.B., J.D.	Consultant

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Cancer Incidence and Mortality in the Four Groups of the American Cancer Society, Michigan Division for 1985-87

At the request of the Strategic Directions Task Force, the Michigan Department of Public Health calculated incidence and mortality rates for the ten most common cancer sites for the four American Cancer Society Groups (regions) in Michigan. These data provide us with background information for planning and development of cancer prevention and control programs in Michigan. Cancer incidence and mortality data for 1985-87 are utilized in the report to the Strategic Directions Task Force and in the profile which follows.

For each of the four Groups, the most common newly-diagnosed cancers are breast, lung, prostate, colon, and bladder. Deaths due to cancer in each of these Groups occur most often from cancers of the lung, breast, prostate, colon, and stomach. Looking at cancer rates for the total population in these Groups, we observe some variation across the Groups. For example, the lung cancer incidence rate ranges from 63 per 100,000 persons in Group 1 to 38 per 100,000 in Group 3; the incidence of stomach cancer ranges from a rate of 9 per 100,000 in Group 1 to 4 per 100,000 in Group 3. There is little difference across the Groups in the incidence and mortality of cancers of the colon or larynx.

When we look at the data for men and women separately, we see greater variation in the cancer incidence and mortality patterns across the four Groups. Among women, breast cancer has the highest incidence of any cancer, occurring at rates nearly three times higher than lung cancer in each of the four Groups. Mortality rates for cancers of the breast and lung are similar, with lung cancer deaths slightly higher than breast cancer deaths in Groups 2 and 4; however, mortality due to breast cancer is higher than lung cancer mortality in Groups 1 and 3. Group 4 has the highest rate of cervical cancer. This is an observation that one would not expect, since higher rates of cervical cancer are usually found in urban populations, in populations of low socioeconomic status, and among blacks. The incidence rate of invasive cervical cancer in Group 4 is 17% higher than the rate in Group 1. As observed among males, cancers of the oral cavity are second highest in Group 4.

Among males, cancers of the prostate and lung occur at the highest rates in Group 1 (95 per 100,000 for lung, 94 for prostate) and Group 2 (74 per 100,000 for lung and 86 for prostate). These two regions encompass all the major urban areas in Michigan. Colon cancer also is highest in Group 1 for males (43 per 100,000), but Group 4 ranks second in incidence for this site (40 per 100,000). The most surprising observation is that Group 4 has the highest incidence of cancers of the urinary bladder among males. This cancer is known to be associated with occupational exposure, especially in manufacturing industries, and with cigarette smoking. Thus, one would expect the rates to be higher in Group 1, which includes many manufacturing industries. Group 4 also ranks high (second of the four Groups) for cancers of the oral cavity and larynx. Both of these cancers are known to be associated with excessive alcohol consumption. Oral cavity cancers also are associated with the use of chewing tobacco or snuff.

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Overall, for most incident cancers, the highest rates are observed in Group 1--the region containing the largest urban areas of Michigan. This is the pattern one would expect, since most cancers occur at higher rates among urban populations than among rural populations.

The high rates of cancers of the urinary bladder and larynx among males, of cancers of the oral cavity among both males and females, and of cervical cancers among females in Group 4 provides some very specific leads for programs in cancer education, prevention, and screening. The known risk factors include excessive alcohol consumption for cancers of the larynx and oral cavity, use of chewing tobacco or snuff for cancers of the oral cavity, and cigarette smoking and occupational exposures for cancers of the urinary bladder. The high rate of cervical cancer in Group 4 also suggests the need for improved screening in this population.

In all regions, the cancers responsible for the greatest morbidity and mortality are cancers of the breast, lung, colon, and prostate. These data support the need for improved utilization of breast cancer screening in the Michigan population, for programs in tobacco use prevention and cessation that encompass both cigarette smoking and chewing tobacco or snuff, and for education regarding dietary risk factors for specified forms of cancer.

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Source: https://www.industrydocuments.ucsf.edu/docs/nnjl0000